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Γ	APPLICATION NO.	FILING DATE		FIRST NAMED INVE		ATTORNEY DOCKET NO.	CONFIRMATION NO.			
_	10/628,017	07/24/2003		Shigeka	u Sato	-	3979			
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L	LIPMAN, BERNARD		1713		106-038220					
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3.	ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
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	And Publication Fee (No sn	nall entity discount permitte	:d)	Payment by credit card. Form PTO-2038 is attached.						
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5.	Change in Entity Status (from status indicated above	:)			(ALL ENTITY status, See 37				
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_	Authorized Signature	Mickell	Back	n		August 2, 2005				

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∕ Çzybowski

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CERTIFICATE OF T	TRANSMISSION BY FAC	SIMILE (37 CFR 1.8)	Docket No. 121036-0075
Application No.	Filing Date	Examiner	Group Art Unit
10/628,017	07/24/2003	Bernard LIPMAN	1713
Invention:	,		
RELEASE AGENT FOR M	ÆTALLIC M OL Ð		
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On August 2, 2	2005		
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TRANSMITI	121036-0075				
Applicant(s): Shigeka	PR	AUG 0 2 2005	-		
Application No. 10/628,017	Filing Date 07/24/2003	Bernard Lipman	Customer No. 35684	Group Art Unit 1713	Confirmation 3979
Invention: RELEA	SE AGENT FOR M	IETALLIC MOLD			
	, ·	Mail Stop Issu COMMISSIONER FO P.O. Box 14 Alexandria, VA 22	R PATENTS I50		
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/	Signatura		Dated: August 2, 2	005	
Michael	S. Gzybowski				
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(Date)	- MG		(Date)	_•	
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	ed Name of Person Signin :29 PM [Eastern Daylight]		Typed or Printed Name of		

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Fees pursuant to the Consolidated Appropria	Odnipiete ii Milowii								
	Application Number	10/628,017							
FEE TRANSI	Filing Date	07/24/2003							
for FY 200		First Named Inventor	Shigekatu SATO						
		27	Examiner Name	Bernard Lipman					
Applicant claims small entity status	Art Unit	1713							
TOTAL AMOUNT OF PAYMENT	(\$) \$1,00	00.00	Attorney Docket No.	Attorney Docket No. 121036-0075					
METHOD OF PAYMENT (check al	METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):									
Deposit Deposit Account Number: 12-2136 Deposit Account Name: BUTZEL LONG									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional		payment :	of 🔲 Credit any ov	erpaymen	ts				
fee(s) under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
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FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
T ILING S	Small Entity	OLA!	Small Entity		Small Entity				
Application Type Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees Paid(\$)			
Utility 300	150	500	250	200	100				
Design 200	100	100	50	130	65				
Plant 200	100	300	150	160	80				
Reissue 300	150	500	250	600	300				

Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	O	
EXCESS CLAIM FEET For Description Each claim over 20 (included independent claims of Multiple dependent claims)	uding Reissues) over 3 (includin		:			Fee (\$) 50 200 360 Muttible De	Small Entity Fee (\$) 25 100 180 pendent Glaims
Iotal Claims	Extra Claims	Fee (<u>s)</u>	Fee Paid (\$)		Fee (\$)	Fee Paid (\$)
- 20 or HP = HP = highest number of total of Indep. Claims		X greater than Fcc.(5		= <u>\$0.00</u> Fee Paid (\$)			<u> </u>
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Non-English specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): ISSUE AND PUBLICATION FEES

\$1,000.00

SUBMITTED BY

Signature / Multiplication No. (Ritorney/Agent) 32,816 Telephone 734.995.3110

Name (Print/Type) Nijchael S. Gzybowski Date August 2, 2005

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